



McCall Public Library

## Volunteer Application Form

Name:

Address:

Phone:

City, State, ZIP:

Date of Birth:

Email:

### Volunteer Opportunities

What position are you applying for?

What skills can you contribute?

List your relevant experience:

Days available: Mon Tues Wed Thurs Fri Sat

What time of day are you available?

Highest level of education:

### References

1. Personal reference:

Name:

Phone:

2. Professional/school reference:

Name:

Phone:

### Emergency Contact Information

Name:

Phone:

Relationship to you:

### Background

Have you ever been convicted of a felony or misdemeanor? Yes No

Signature:

Date:

Thank you for your interest in our library. Our mission is to provide patrons with diverse and organized information that satisfies their learning and recreational needs. We promote understanding of our culture, our world, and ourselves.